

JUN 12 2002

PATENT APPLICATION**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

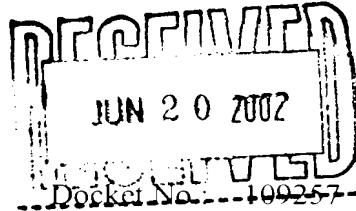
In re the Application of

Lingappa K. MESTHA et al.

Application No.: 09/941,858

Filed: August 30, 2001

For: SYSTEMS AND METHODS FOR DETERMINING SPECTRA USING DYNAMIC LEAST SQUARES ALGORITHMS WITH MEASUREMENTS FROM LED COLOR SENSOR

**SUBMISSION OF ORIGINAL DECLARATION**

Director of the U.S. Patent and Trademark Office
Washington, D.C. 20231

Sir:

Submitted herewith is the original signed Declaration of the Inventor. This Declaration corresponds to the facsimile copy of the Declaration filed on August 30, 2001.

Respectfully submitted,


 James A. Oliff
 Registration No. 27,075

 J. Adam Neff
 Registration No. 41,218

JAO:JAN/gpn

Date: June 12, 2002

OLIFF & BERRIDGE, PLC
P.O. Box 19928
Alexandria, Virginia 22320
Telephone: (703) 836-6400

DEPOSIT ACCOUNT USE
 AUTHORIZATION
 Please grant any extension
 necessary for entry;
 Charge any fee due to our
 Deposit Account No. 24-0037

JUN 12 2001

**APPLICATION FOR UNITED STATES PATENT
DECLARATION AND POWER OF ATTORNEY**

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SYSTEMS AND METHODS FOR DETERMINING SPECTRA USING DYNAMIC LEAST SQUARES
ALGORITHMS WITH MEASUREMENTS FROM LED COLOR SENSOR**

described and claimed in the specification:

Check one

a. attached hereto.

b. filed on _____ as Application No. _____ and amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Registration No. 27,075; William P. Berridge, Registration No. 30,024;
 Kirk M. Hudson, Registration No. 27,562; Thomas J. Pardini, Registration No. 30,411;
 Edward P. Walker, Registration No. 31,450; Robert A. Miller, Registration No. 32,771;
 Mario A. Costantino, Registration No. 33,565; Stephen J. Roe, Registration No. 34,463;
 Joel S. Armstrong, Registration No. 36,430; Christopher W. Brown, Registration No. 38,025;
 Richard E. Rice, Registration No. 31,560; Mark Costello, Registration No. 31,342;
 Don L. Webber, Registration No. 34,275; Ronald F. Chapuran, Registration No. 26,402;
 Eugene O. Palazzo, Registration No. 20,881; Kevin R. Kepner, Registration No. 32,145;
 and/or Richard B. Domingo, Registration No. 36,784.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Full Name of First or Sole Inventor	Lingappa	K.	MESTHA
2	**INVENTOR'S SIGNATURE:			
3	**DATE OF SIGNATURE:	Aug	29th	2001
	Residence:	Fairport	New York	U.S.A.
		City	State or Province	Country
	Citizenship:	India		
	Post Office Address: (Insert complete mailing address, including country)	#11 South Cross Trail Fairport, NY 14450 U.S.A.		

*This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

**Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE

Page 2 OF U.S.A. DECLARATION FORM
(Discard this page in a sole inventor application)

1	Typewritten Full Name of Second Joint Inventor (if any)	Sohail	A.	DIANAT
		Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE: <u>Sohail A Qasim</u>			
3	**DATE OF SIGNATURE: <u>AUG 29 TH 2001</u>			
	Month	Day	Year	
Residence:	Pittsford	New York	U.S.A.	
	City	State or Province	Country	
Citizenship:	U.S.A.			
Post Office Address: (Insert complete mailing address, including country)	11 Sandy Lane Pittsford, NY 14526 U.S.A.			
1	Typewritten Full Name of Third Joint Inventor (if any)	Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:			
3	**DATE OF SIGNATURE:			
	Month	Day	Year	
Residence:	City	State or Province	Country	
Citizenship:				
Post Office Address: (Insert complete mailing address, including country)				
1	Typewritten Full Name of Fourth Joint Inventor (if any)	Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:			
3	**DATE OF SIGNATURE:			
	Month	Day	Year	
Residence:	City	State or Province	Country	
Citizenship:				
Post Office Address: (Insert complete mailing address, including country)				
1	Typewritten Full Name of Fifth Joint Inventor (if any)	Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:			
3	**DATE OF SIGNATURE:			
	Month	Day	Year	
Residence:	City	State or Province	Country	
Citizenship:				
Post Office Address: (Insert complete mailing address, including country)				

**Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.